

117TH CONGRESS  
1ST SESSION

# S. 334

To establish an alternative payment model demonstration project for maternity care provided to pregnant and postpartum individuals under State Medicaid and CHIP programs, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

FEBRUARY 22, 2021

Mr. CASEY (for himself, Mr. MENENDEZ, and Mr. BOOKER) introduced the following bill; which was read twice and referred to the Committee on Finance

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## A BILL

To establish an alternative payment model demonstration project for maternity care provided to pregnant and postpartum individuals under State Medicaid and CHIP programs, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*

2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “IMPACT to Save

5       Moms Act”.

1   **SEC. 2. PERINATAL CARE ALTERNATIVE PAYMENT MODEL**

2                   **DEMONSTRATION PROJECT.**

3         (a) IN GENERAL.—For the period of fiscal years  
4 2022 through 2026, the Secretary of Health and Human  
5 Services (referred to in this section as the “Secretary”),  
6 acting through the Administrator of the Centers for Medi-  
7 care & Medicaid Services, shall establish and implement,  
8 in accordance with the requirements of this section, a  
9 demonstration project, to be known as the Perinatal Care  
10 Alternative Payment Model Demonstration Project (re-  
11 ferred to in this section as the “Demonstration Project”),  
12 for purposes of allowing States to test payment models  
13 under their State plans under title XIX of the Social Secu-  
14 rity Act (42 U.S.C. 1396 et seq.) and State child health  
15 plans under title XXI of such Act (42 U.S.C. 1397aa et  
16 seq.) with respect to maternity care provided to pregnant  
17 and postpartum individuals enrolled in such State plans  
18 and State child health plans.

19         (b) COORDINATION.—In establishing the Demonstra-  
20 tion Project, the Secretary shall coordinate with stake-  
21 holders such as—

- 22                 (1) State Medicaid programs;  
23                 (2) maternity care providers and organizations  
24                 representing maternity care providers;

4 (4) relevant community-based organizations,  
5 particularly organizations that seek to improve ma-  
6 ternal health outcomes for pregnant and postpartum  
7 individuals from racial and ethnic minority groups;

8 (5) perinatal health workers;

(6) relevant health insurance issuers;

(8) researchers and policy experts in fields related to maternity care payment models; and

20 (9) any other stakeholders as the Secretary de-  
21 termines appropriate, with a particular focus on  
22 stakeholders from racial and ethnic minority groups.

23 (c) CONSIDERATIONS.—In establishing the Dem-  
24 onstration Project, the Secretary shall consider any alter-  
25 native payment model that—

- 1                 (1) is designed to improve maternal health out-  
2         comes for racial and ethnic groups with dispropor-  
3         tionate rates of adverse maternal health outcomes;
- 4                 (2) includes methods for stratifying patients by  
5         pregnancy risk level and, as appropriate, adjusting  
6         payments under such model to take into account  
7         pregnancy risk level;
- 8                 (3) establishes evidence-based quality metrics  
9         for such payments;
- 10                (4) includes consideration of non-hospital birth  
11         settings such as freestanding birth centers (as so de-  
12         fined);
- 13                (5) includes consideration of social deter-  
14         minants of maternal health; or
- 15                (6) includes diverse maternity care teams that  
16         include—
- 17                         (A) maternity care providers, mental and  
18         behavioral health care providers acting in ac-  
19         cordance with State law, registered dietitians or  
20         nutrition professionals (as such term is defined  
21         in section 1861(vv)(2) of the Social Security  
22         Act (42 U.S.C. 1395x(vv)(2))), and Inter-  
23         national Board Certified Lactation Consult-  
24         ants—

(i) from racially, ethnically, and professionally diverse backgrounds;

(ii) with experience practicing in racially and ethnically diverse communities;

5 or

6 (iii) who have undergone training on  
7 implicit bias and racism; and

8 (B) perinatal health workers

9       (d) ELIGIBILITY.—To be eligible to participate in the  
10 Demonstration Project, a State shall submit an applica-  
11 tion to the Secretary at such time, in such manner, and  
12 containing such information as the Secretary may require.

13 (e) EVALUATION.—The Secretary shall conduct an  
14 evaluation of the Demonstration Project to determine the  
15 impact of the Demonstration Project on—

(2) spending on maternity care by States participating in the Demonstration Project;

22 (3) to the extent practicable, qualitative and  
23 quantitative measures of patient experience; and

24 (4) any other areas of assessment that the Sec-  
25 retary determines relevant.

1       (f) REPORT.—Not later than 1 year after the comple-  
2   tion or termination date of the Demonstration Project, the  
3   Secretary shall submit to the Congress, and make publicly  
4   available, a report containing—

5                 (1) the results of any evaluation conducted  
6   under subsection (e); and

7                 (2) a recommendation regarding whether the  
8   Demonstration Project should be continued after fis-  
9   cal year 2026 and expanded on a national basis.

10      (g) AUTHORIZATION OF APPROPRIATIONS.—There  
11   are authorized to be appropriated such sums as are nec-  
12   essary to carry out this section.

13      (h) DEFINITIONS.—In this section:

14                 (1) ALTERNATIVE PAYMENT MODEL.—The  
15   term “alternative payment model” has the meaning  
16   given such term in section 1833(z)(3)(C) of the So-  
17   cial Security Act (42 U.S.C. 1395l(z)(3)(C)).

18                 (2) PERINATAL.—The term “perinatal” means  
19   the period beginning on the day an individual be-  
20   comes pregnant and ending on the last day of the  
21   1-year period beginning on the last day of such indi-  
22   vidual’s pregnancy.

23                 (3) RACIAL AND ETHNIC MINORITY GROUP.—  
24   The term “racial and ethnic minority group” has the  
25   meaning given such term in section 1707(g)(1) of

1       the Public Health Service Act (42 U.S.C. 300u–  
2       6(g)(1)).

3 **SEC. 3. MACPAC REPORT.**

4       Not later than 2 years after the date of the enact-  
5       ment of this Act, the Medicaid and CHIP Payment and  
6       Access Commission shall publish a report on issues relat-  
7       ing to the continuity of coverage under State plans under  
8       title XIX of the Social Security Act (42 U.S.C. 1396 et  
9       seq.) and State child health plans under title XXI of such  
10      Act (42 U.S.C. 1397aa et seq.) for pregnant and  
11      postpartum individuals. Such report shall, at a minimum,  
12      include the following:

13                 (1) An assessment of any existing policies  
14       under such State plans and such State child health  
15       plans regarding presumptive eligibility for pregnant  
16       individuals while their application for enrollment in  
17       such a State plan or such a State child health plan  
18       is being processed.

19                 (2) An assessment of any existing policies  
20       under such State plans and such State child health  
21       plans regarding measures to ensure continuity of  
22       coverage under such a State plan or such a State  
23       child health plan for pregnant and postpartum indi-  
24       viduals, including such individuals who need to  
25       change their health insurance coverage during their

1        pregnancy or the postpartum period following their  
2        pregnancy.

3                (3) An assessment of any existing policies  
4        under such State plans and such State child health  
5        plans regarding measures to automatically reenroll  
6        individuals who are eligible to enroll under such a  
7        State plan or such a State child health plan as a  
8        parent.

9                (4) If determined appropriate by the Commis-  
10      sion, any recommendations for the Department of  
11      Health and Human Services, or such State plans  
12      and such State child health plans, to ensure con-  
13      tinuity of coverage under such a State plan or such  
14      a State child health plan for pregnant and  
15      postpartum individuals.

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